FORM D

[313]13[

UNITED STATES
SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

## **FORM D**

NOTICE OF SALE OF SECURITIES
PURSUANT TO REGULATION D,
SECTION 4(6), AND/OR
UNIFORM LIMITED OFFERING EXEMPTION

OMB APPROVAL					
OMB Number:	3235-0076				
Expires:	May 31, 2005				

Estimated average burden

hours per form ...... 16.00

SEC USE ONLY

Serial

Prefix



00000024	3EC11011 4(	o), AND/OK		DATE RECEIVED
	UNIFORM LIMITED OF	FERING EXEMPTION	1	
	if this is an amendment and name has issory Note and Warrant Offering	changed, and indicate chang	e.)	E-M 3CUEINED CONTROL
Filing Under (Check box(es) Type of Filing: 🗵 New Fili	ng 🗆 Amendment		4(6) □ U	LOE JAN 0 6 2005
	A. BASIC IDENT	IFICATION DATA		No.
<ol> <li>Enter the information req</li> </ol>	uested about the issuer			120 6
Name of Issuer (□ check Broadstream Communicat	if this is an amendment and name has o ti <b>ons, Inc</b> .	changed, and indicate change	.)	
Address of Executive Office 10811 Main Street, Bellevu		City, State, Zip Code)	Telephor Code) (425) 709	ne Number (Inčluding Area 9-3800
Address of Principal Busine: (if different from Executive C		City, State, Zip Code)	Telephor Code) Same as	ne Number (Including Area above.
Brief Description of Busines Network infrastructure se	s rvice and content management provi	der.		
Type of Business Organization	☐ limited partnership, already formed	d □ other (please spe	cify):	
<ul><li>☑ corporation</li><li>☐ business trust</li></ul>	☐ limited partnership, to be formed			J JAN 10 2005
Actual or Estimated Date of	Incorporation or Organization: Mor		Actual (	THE PARTY OF THE P
Jurisdiction of Incorporation	or Organization: (Enter two-letter U.S. CN for Canada; FN fo	Postal Service abbreviation for other foreign jurisdiction)		

## **GENERAL INSTRUCTIONS**

#### Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

### State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

## ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

SEC 1972 (7-00)



A.	BASIC	IDEN'	TIFICA	TION	DATA

2.	Enter the	e information	requested for	the following:

- Each promoter of the issuer, if the issuer has been organized within the past five years;
- Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer;
- Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and

	issuers, and					
•	Each general and	l managing part	tner of partnership iss	uers.		
Check B	Box(es) that Apply	☐ Promoter	■ Beneficial Owner	■ Executive Officer	☑ Director	☐ General and/or Managing Partner
	ne (Last name first er, Anthony	t, if individual)				
	s or Residence Acain Street, Bellevue,		r and Street, City, Sta	ite, Zip Code)		
	Box(es) that Apply		■ Beneficial Owner	■ Executive Officer	☑ Director	☐ General and/or Managing Partner
Full Nan Stark, Ja	ne (Last name first y	t, if individual)				
	s or Residence Ac ain Street, Bellevue,		r and Street, City, Sta	ite, Zip Code)		
	Box(es) that Apply		☐ Beneficial Owner	■ Executive Officer	☐ Director	☐ General and/or Managing Partner
Full Nan Bryant, P	ne (Last name firs <sup>,</sup> Pete	t, if individual)				
	s or Residence Ac ge Road, Medina, W		r and Street, City, Sta	ite, Zip Code)		
	Box(es) that Apply		☐ Beneficial Owner	☐ Executive Officer	□ Director	☐ General and/or Managing Partner
Full Nan McDonal	ne (Last name firs: ld, Kirby	t, if individual)				
	s or Residence Ac ain Street, Bellevue,		r and Street, City, Sta	ite, Zip Code)		
	Box(es) that Apply	·	☐ Beneficial Owner	☐ Executive Officer	☑ Director	☐ General and/or Managing Partner
Carleton						
	s or Residence Acve Way, Suite 1700,		er and Street, City, Sta 01	ate, Zip Code)		
	Box(es) that Apply		☐ Beneficial Owner	■ Executive Officer	☐ Director	☐ General and/or Managing Partner
Goux, Be		,				
	s or Residence Ac ain Street, Bellevue,		r and Street, City, Sta	ite, Zip Code)		
	Box(es) that Apply		■ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partner
	ne (Last name firs Top, LLC	t, if individual)				
	s or Residence Ac Street, Suite 2200,		r and Street, City, Sta 01	ite, Zip Code)		
		(Use blank shee	et, or copy and use ad	ditional copies of this s	sheet, as necessary	y.)

# A. BASIC IDENTIFICATION DATA 2. Enter the information requested for the following: Each promoter of the issuer, if the issuer has been organized within the past five years; Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer; Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership Each general and managing partner of partnership issuers. Check Box(es) that Apply ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer ☐ Director ☐ General and/or

	Managing Partner
Full Name (Last name first, if individual) Arnold, Robert M.	
1001 Fourth Avenue Plaza, Suite 4710, Seattle, WA 98154	
Check Box(es) that Apply ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer ☒ Director	☐ General and/or Managing Partner
Full Name (Last name first, if individual) Spector, Warren	
Business or Residence Address (Number and Street, City, State, Zip Code) 10811 Main Street, Bellevue, WA 98004	
Check Box(es) that Apply ☐ Promoter ☐ Beneficial Owner ☒ Executive Officer ☐ Director	☐ General and/or Managing Partner
Full Name (Last name first, if individual) Ainge, Tim	
Business or Residence Address (Number and Street, City, State, Zip Code) 10811 Main Street, Bellevue, WA 98004	
Check Box(es) that Apply ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer ☐ Director	☐ General and/or Managing Partner
Full Name (Last name first, if individual)  Everett, Frank E.	
Business or Residence Address (Number and Street, City, State, Zip Code) 10801 Main Street, Suite 200, Bellevue, WA 98004	
Check Box(es) that Apply ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer ☐ Director	☐ General and/or Managing Partner
Full Name (Last name first, if individual)	
Business or Residence Address (Number and Street, City, State, Zip Code)	
Check Box(es) that Apply ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer ☐ Director	☐ General and/or Managing Partner
Full Name (Last name first, if individual)	
Business or Residence Address (Number and Street, City, State, Zip Code)	
Check Box(es) that Apply ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer ☐ Director	☐ General and/or Managing Partner
Full Name (Last name first, if individual)	
Business or Residence Address (Number and Street, City, State, Zip Code)	

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

		_			В. І	NFORM	ATION A	BOUT O	FFERIN	G				
1.	Has the i	ssuer sc			suer inter						offering?	·	Yes	<u>No</u> ⊭
2.	What is	the minir	num inve	estment t	that will b	e accept	ed from a	any indivi	dual?				\$ Yes	<u>n/a</u> No
		_				_							×	
4.	commiss offering. and/or w	sion or s If a per vith a sta	similar re rson to b ite or sta	emunerat e listed i ites, list t	ion for some some the same to	olicitatior ociated p of the b	n of purc person or roker or	hasers ir agent of dealer. I	oconnection connection	tion with r or deal nan five (	i sales o er registe 5) persor	or indirectly, any f securities in the ered with the SEC ns to be listed are or dealer only.		
Full Na	ame (Last	name fir	st, if indiv	vidual)										
Busine	ess or Re	sidence A	Address (	Number	and Stree	t, City, St	ate, Zip C	Code)		-				
Name	of Associ	ated Bro	ker or De	aler						<u>, ,</u>		,		
States	in Which	Person	Listed Ha	s Solicite	d or Inter	nds to Sol	icit Purch	asers	2					
(Ch	eck "All S	tates" or	check ind	dividual S	states)								J All S	States
[AL] [IL] [MT [RI]	(IL) ] [NE]	[AZ] [IA] [NV] [SD]	[AR] [KS] [NH] [TN]	[CA] [KY] [NJ] [TX]	[CO] [LA] [NM] [UT]	[CT] [ME] [NY] [VT]	[DE] [MD] [NC] [VA]	[DC] [MA] [ND] [WA]	[FL] [MI] [OH] [WV]	[GA] [MN] [OK] [WI]	[HI] [MS] [OR] [WY]	[ID] [MO] [PA] [PR]		
Full N	ame (Last	name fi	rst, if indi	vidual)										
Busine	ess or Re	sidence /	Address (	Number	and Stree	t, City, St	ate, Zip C	Code)		<del></del> -				
Name	of Associ	ated Bro	ker or De	ealer							<del>-</del>	****		
States	in Which	Person	Listed Ha	s Solicite	d or Inter	nds to Sol	icit Purch	asers				· · · · · · · · · · · · · · · · · · ·		
(Ch	eck "All S	tates" or	check in	dividual S	states)			• • • • • • • • • • • • • • • • • • • •						States
[AL] [IL] [MT [RI]	[IL] ] [NE]	[AZ] [IA] [NV] [SD]	[AR] [KS] [NH] [TN]	[CA] [KY] [NJ] [TX]	[CO] {LA] [NM] [UT]	[CT] [ME] [NY] [VT]	[DE] [MD] [NC] [VA]	[DC] [MA] [ND] [WA]	[FL] [MI] [OH] [WV]	[GA] [MN] [OK] [WI]	[HI] [MS] [OR] [WY]	[ID] [MO] [PA] [PR]		
Full N	ame (Las	name fi	rst, if indi	vidual)										
Busin	ess or Re	sidence /	Address (	(Number	and Stree	t, City, St	ate, Zip C	Code)						
Name	of Assoc	ated Bro	ker or De	ealer										
States	in Which	Person	Listed Ha	as Solicite	d or Inter	nds to Sol	icit Purch	asers						
(Ch	eck "All S	tates" or	check in	dividual S	states)					, 	••••••	[	⊐ All 5	States
[AL] [IL] [MT [RI]	[IL] ] [NE]	[AZ] [IA] [NV] [SD]	[AR] [KS] [NH] [TN]	[CA] [KY] [NJ] [TX]	[CO] [LA] [NM] [UT]	[CT] [ME] [NY] [VT]	[DE] [MD] [NC] [VA]	[DC] [MA] [ND] [WA]	[FL] [MI] [OH] [WV]	[GA] [MN] [OK] [WI]	[HI] [MS] [OR] [WY]	[ID] [MO] [PA] [PR]		

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

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## C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

1.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box <sup>TM</sup> and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.			
	Type of Security	Aggregate Offering Price	Amount A Solo	
	Debt	\$	\$	
	Equity			
	□ Common □ Preferred		<u></u>	
	Convertible Securities (including warrants)	\$ 1.200.000.00 <sup>1</sup>	\$ 200.	000.00
	Partnership Interests			
	Other (Specify))			
	Total			000.00
	Answer also in Appendix, Column 3, if filing under ULOE.		·	
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."			
		Number Investors	Aggreg Dollar Ar of Purch	nount
	Accredited Investors	13	\$200	000.00
	Non-accredited Investors	0	\$	0.00
	Total (for filings under Rule 504 only)		\$	
	Answer also in Appendix, Column 4, if filing under ULOE.			
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part $C-Question\ 1$ .			
	Type of offering	Type of Security	Dollar Ar Solo	
	Rule 505	•	\$	١
	Regulation A			
	•		\$	
	Rule 504		Φ \$	
4.	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.		<b>\$</b>	
	Transfer Agent's Fees		\$	
	Printing and Engraving Costs		\$	84 <del>2 </del>
	Legal Fees	x	\$	6,000
	Accounting Fees		\$	
	Engineering Fees		\$	
	Sales Commissions (specify finders' fees separately)		\$	
	Other Expenses (identify)		\$	
	Total		\$	6,000

<sup>&</sup>lt;sup>1</sup> Pursuant to the terms of a Secured Convertible Promissory Note and Warrant Purchase Agreement (the "Purchase Agreement"), this offering consists of \$400,000 of secured convertible promissory notes and an aggregate amount of \$800,000 in warrants to purchase the equity securities of the Company at an exercise price determined by a Triggering Financing as that term is defined in the Purchase Agreement. If the Triggering Financing does not occur, then the exercise price of the warrant is determined to be \$1.00 per a share of Series A Preferred stock.

	C. OFFERING PRICE, NUMBER OF INVI	ENTORO, EXI ENGES AND	OOL OF TROOLED		
b.	Enter the difference between the aggregate offering total expenses furnished in response to Part C - Que proceeds to the issuer"	stion 4.a. This difference is	s the "adjusted gross	\$	194,000.00
the purpo left of the	elow the amount of the adjusted gross proceeds to the ses shown. If the amount for any purpose is not known estimate. The total of the payments listed must equal sponse to Part C - Question 4.b above.	vn, furnish an estimate and	check the box to the		
			Payment to Officers, Directors, & Affiliates		ayment To Others
Salaries and fees			T* \$	□ \$	
Purchase of real es	ate		[· \$	□ \$	
Purchase, rental or	easing and installation of machinery and equipment.		□ \$	□ \$	
Construction or leas	ng of plant buildings and facilities		□ \$	□ \$	
	pusinesses (including the value of securities involved to the assets or securities of another issuer pursua		□ \$	□ \$	
•	tedness	• ,	□ \$	□ \$	
Working capital			1.3 \$	<b>≭</b> \$	194,000.00
Other (specify):			t: \$	□ \$	
			□ \$	□ \$	
Column Totals			× \$0	⊠ \$	194,000.00
Total Payments List	ed (column totals added)			⊠ \$	194,000.00
		•			
		RAL SIGNATURE			
signature constitute	caused this notice to be signed by the undersigned of an undertaking by the issuer to furnish to the U.S. So by the issuer to any non-accredited investor pursuation.	ecurities and Exchange Co	mmission, upon written re		
Issuer (Print or Type	´	Signature	**************************************	Date	~ -
	mmunications, Inc.			Decem	ber <u>Z Z,</u> 2004
Name of Signer (Pri	nt or Type)	Title of Signer (Print or Type Chief Financial Office	,		
Bell Goux		TENTION			
Intentional m	sstatements or omissions of fact co		minal violations	(See 1	8 U S C
1001.)				,555 1	0.0.0.

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E	ST	ΛТ	FS	IGN	ΔΤΙ	JRE

1.	Is any party described in 17 CFR 230.262 presently subject to any of the disqualification provisions of	Yes □ No 🗵
	such rule?	
	See Annendix Column 5 for state response	

- 2. The undersigned issuer hereby undertakes to furnish to any state administrator of any state in which this notice is filed, a notice on Form D (17 CFR 239.500) at such times as required by state law.
- 3. The undersigned issuer hereby undertakes to furnish to the state administrators, upon written request, information furnished by the issuer to offerees.
- 4. The undersigned issuer represents that the issuer is familiar with the conditions that must be satisfied to be entitled to the Uniform Limited Offering Exemption (ULOE) of the state in which this notice is filed and understands that the issuer claiming the availability of this exemption has the burden of establishing that these conditions have been satisfied.

The issuer has read this notification and knows the contents to be true and has duly caused this notice to be signed on its behalf by the undersigned duly authorized person.

Issuer (Print or Type)	Signature	Date
Broadstream Communications, Inc.		December 22,2004
Name of Signer (Print or Type)	Title of Signer (Print or Type)	
Ben Goux	Chief Financial Officer	

### *Instruction:*

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.